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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under

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	The individual whose sign				o act on be	half of the assign	ee
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Signature Name Title	Pat Mathews Authorized Person for			Telepho	one		770

TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 CFR 3 73(b)

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY (37 C.F.R. 3.73(b)(2)(i))

I, Pat Mathews (whose title is supplied below), hereby declare that I am authorized to sign on
behalf of Solque Software Limited Liability Company.
Pat Matteria
Pat Mathews
Authorized Person for Solque Software Limited Liability Company
28 Sevember 2010
[date]